

06/01/04 90744 002 \*122.50

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

N95000001344

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


04 JUN 16 AM 8:00

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03122003 Chg-NP CR2E037 (10/03)

*MRS*

<b>DOCUMENT # N95000001344</b>					
1. Entity Name H.O.W. COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 162 SW FIRST AVE. HOMESTEAD, FL 33030			Mailing Address 162 SW FIRST AVE. HOMESTEAD, FL 33030		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0574978	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUCENA, MICHELINE 17781 S.W. 113 AVENUE MIAMI, FL 33157				-Name- -Street Address (P.O. Box Number is Not Acceptable) -City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERALDE ARRIEUX		NAME		
STREET ADDRESS	10540 S.W. 163RD ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENISE MOLEON		NAME		
STREET ADDRESS	17781 S.W. 113 AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33157		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVELYNE, DESROULEAUX		NAME		
STREET ADDRESS	126 S.W. 189 STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33177		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>M. Ducena</i></u> 5/24/04 (305) 245 2158					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					